

CENTRAL ARIZONA REGION ALTERNATE CARE SYSTEM WORKSHOP

January 25-26, 2011 • Wigwam Resort • Litchfield Park, Arizona



Workshop Recap

The Oak Ridge Institute for Science and Education (ORISE) is a U.S. Department of Energy (DOE) facility focusing on scientific initiatives to research health risks from occupational hazards, assess environmental cleanup, respond to radiation medical emergencies, support national security and emergency preparedness, and educate the next generation of scientists.

This document was prepared for the Centers for Disease Control and Prevention (CDC) by ORISE through an interagency agreement with DOE. ORISE is managed by Oak Ridge Associated Universities under DOE contract number DE-AC05-06OR23100.

The findings and conclusions in this document are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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Introduction

The Central Arizona Region conducted an Alternate Care System (ACS) Workshop in Litchfield Park, Arizona, on January 25-26, 2011. The meeting was sponsored by the Centers for Disease Control and Prevention (CDC) Division of Healthcare Quality Promotion (DHQP) and facilitated by the Oak Ridge Institute for Science and Education (ORISE). This document recaps the activities and future priorities determined as a result of the workshop.

Key Issue

Central Arizona Region has many distinct challenges coordinating a medical and public health response to an influenza pandemic or other public health emergency. In particular, the Region serves a population of approximately 4 million people geographically dispersed over 9,200 square miles with large and poorly defined special populations, and limited health resources. An already stressed healthcare system operating near 100% capacity on a daily basis will rapidly be overwhelmed by disaster-related medical surge. An event of this magnitude will require local and regional emergency preparedness planning and response from an array of disciplines and organizations within the healthcare sector (e.g., hospitals, Emergency Medical Services [EMS], and ambulatory care) to address this issue.

One approach to effective delivery of care within a community during disaster is to develop an alternate care system (ACS) through the cooperation and coordination of public health, healthcare, emergency management, and other agencies. Components of an ACS may include these community oriented activities:

- Implementing strategies to keep mildly ill persons at home.
- Coordinating and communicating community care locations.
- Determining strategies for alternate care sites to reduce demand on community healthcare through collaboration with non-hospital based providers such as long-term care facilities, home health services, primary care clinics, surgery centers, and urgent care clinics, among others.
- Allocating scarce resources using medical triage algorithms that consider the ethical and legal implications of limiting resources to certain groups of people.

Purpose

The purpose of this workshop was to bring together pertinent decision makers (see *Organizations Represented* on page 4 for a complete listing of participating organizations) in the community to identify and address issues associated with providing alternate care during a disaster in the Central Arizona Region. Specifically, this workshop focused on the roles of ambulatory care facilities (e.g., urgent care clinics or surgery centers) in serving as patient triage centers and possible treatment locations.



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Objectives

The objectives for the workshop were to:

- Explore the roles and responsibilities of public health and healthcare sectors (i.e., hospitals, long term care, urgent care, ambulatory care, etc.) who are stakeholders in ACS planning efforts in the Central Arizona Region.
- Propose strategies for how ambulatory care sector facilities can adapt or alter their operations to expand capacity and most efficiently utilize healthcare resources as part of a Central Arizona Region ACS.
- Identify barriers and issues that could hinder a coordinated effort by public health and healthcare sectors to expand ambulatory care services as part of an ACS.
- Define the action steps that would need to be undertaken to actualize the proposed strategies in a Central Arizona Region ACS.
- Identify the partners (existing agencies, task forces, committees, and private sector "champions") to develop multidisciplinary committees and collaborate on the next steps for creating a Central Arizona Region ACS.

Synopsis

The workshop format included plenary sessions, roundtable discussions, breakout discussions, and sector-specific work groups designed to enable participants to achieve the objectives.

During the first plenary session, three presenters offered foundational knowledge on the critical elements of ACS planning in order to prepare participants for the discussion and work sessions that followed.

- Deborah Levy, Chief of the Healthcare Preparedness Activity, Centers for Disease Control and Prevention (CDC) Division of Healthcare Quality Promotion (DHQP) and Assistant Director, Healthcare Preparedness and Program Integration, CDC Office of Public Health Preparedness and Response (OPHPR), presented ***Preparing Healthcare Systems for Disasters***.
- Kathy McCanna, Program Manager of the Office of Medical Facilities in the Division of Licensing at the Arizona Department of Health Services presented ***Effective Use of Existing Licensed Healthcare Infrastructure During a Crisis or Catastrophe***.
- James Hodge, Lincoln Professor of Health Law and Ethics and Director of the Public Health Law and Policy Program and Public Health Law Network–Western Region at the Sandra Day O'Connor College of Law at Arizona State University, presented ***Alternate Care Systems: Legal Issues in Public Health Emergencies***.

These presenters and the titles of their presentations are listed below and can be accessed on the Maricopa County Department of Public Health website [here](#).



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Workshop participants engaged in roundtable discussions following these presentations. Their discussions focused on identifying the roles and responsibilities of public health, healthcare, and emergency management stakeholders in a Central Arizona Region ACS.

Participants were divided into breakout rooms and tasked with brainstorming strategies for how the various healthcare sectors may alter their operations to most efficiently utilize healthcare resources. They were also asked to identify barriers associated with those strategies and a lead sector (e.g., hospitals or EMS) they deemed as most appropriate to provide further detail on the strategies.

The following are the strategies compiled by the groups at the end of the first day :

- Involve ambulatory surgery centers, outpatient clinics, skilled nursing facilities in emergency preparedness planning response
- Develop event specific algorithms to determine where to take patients in an emergency, reserving EDs for the sickest patients
- Identify staffing numbers and competencies for various scenarios
- Identify supplies and equipment inventories for alternate care facilities
- Define the type of care that can be provided at specific alternate care facilities
- Explore expansion of the existing Medical Coordination Center to include more outpatient sector agencies
- Work with ADEM on the health –related aspects of the call center system
- Develop a community-wide communication strategy (between healthcare, emergency management, public health) to disseminate information on capacity, resource needs, etc.

Participants were divided into four lead sector work groups on the second day based on their expertise: hospitals, EMS, emergency management, and long- term care/home health/hospice. Representatives of the public health and ambulatory care sectors were divided evenly among the work groups because these two sectors will have an important role in planning and implementing each of the identified strategies. Work groups were tasked with creating an action plan for each strategy to identify the steps that need to be taken before the strategy can be implemented in an ACS.

Participants reconvened in a plenary session to report on the outcomes of their work group sessions. They then discussed the community-wide strategies for which the first-day breakout groups were unable to identify a lead sector. Participants were asked after the discussion to nominate themselves or other agencies or individuals for involvement in future planning efforts for each of the community-wide strategies.

The workshop concluded with an evaluation session and closing remarks by representatives of CDC-DHQP and the Central Arizona Region.



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Future Priorities

The planning team—representatives from local and State public health agencies, emergency management, the Arizona Coalition for Healthcare Emergency Response (AzCHER) in the Central Arizona Region, CDC-DHQP, and ORISE—discussed in a post-workshop meeting its priorities for moving forward with the Central Arizona Region ACS project. These priorities include:

- Compile and organize data and notes captured at the workshop. This will include a workshop recap (this document), an after action report, and the action plans created by the lead sector work groups.
- Identify and share existing tools and resources pertaining to an ACS.
- Engage with the individuals and organizations nominated for future ACS planning efforts to develop and facilitate specific project work groups based on the strategies identified during the workshop event.
- Create a strategic plan for developing a Central Arizona Region ACS in three to five years by involving identified partners and using identified notes, tools, and resources.

Organizations Represented

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| • Arizona Assisted Living Federation of America | • Cigna Medical Group |
| • Arizona Department of Health Services <ul style="list-style-type: none">○ Licensing Services○ Public Health Services | • Coyote Crisis Collaborative |
| • Arizona Division of Emergency Management | • Gila River Health Care |
| • Arizona Health Care Association | • Gila River Indian Community |
| • Arizona Hospital and Healthcare Association | • Guadalupe Family Health Center |
| • Arizona Medical Association | • Luke Air Force Base |
| • Arizona State Hospital | • Knowledge Capital Alliance, Inc. |
| • Arizona State University Health Services | • Maricopa County Department of Emergency Management |
| • Banner Health | • Maricopa County Department of Public Health <ul style="list-style-type: none">○ Office of Preparedness and Response○ Office of Epidemiology |
| • Banner Home Care and Hospice | • Maricopa County Office of the Medical Examiner |
| • Banner Surgery Centers | • Maricopa County Sheriff's Office |
| • Barnet Dulaney Perkins Eye Center | • Maricopa Integrated Health System |
| • Canyon Surgery Center | • Metro Surgery Center |
| • Casa Grande Regional Medical Center | |
| • Catholic Healthcare West | |



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- National Association of County and City Health Officials
- Native Health West Community Health Center
- Pascua Yaqui Tribe
- Phoenix Children's Hospital
- Phoenix Fire Department
- Phoenix Indian Medical Center
- Pinal County Division of Public Health
- Scottsdale Fire Department
- Scottsdale Healthcare
- Select Specialty Hospital
- Southwest Ambulance
- St. Joseph's Outpatient Surgery
- Surgery Center of Peoria
- Surgery Center of Scottsdale
- Town of Gilbert
- U.S. Department of Health and Human Services
 - Office of Assistant Secretary for Preparedness and Response
 - Centers for Disease Control and Prevention
 - Centers for Medicare and Medicaid Services
 - Health Resources and Services Administration
- U.S. Department of Homeland Security
 - Office of Health Affairs
- U.S. Department of Transportation
 - National Highway Transportation Safety Administration
- West Valley Hospital